

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
(Also Complete Part 6)
- Small Contributor Committee
- Political Party/Central Committee
(Also Complete Part 7)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

I.D. NUMBER

1222669

Alice Patino for City Council

STREET ADDRESS (NO P.O. BOX)

CITY
2624 Airpark Drive

STATE
CA

ZIP CODE
93455

AREA CODE/PHONE
805-346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE
CA

ZIP CODE
93455

AREA CODE/PHONE
805-346-8407

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

STATE
CA

ZIP CODE
93455

AREA CODE/PHONE
805-346-8407

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

CITY
2624 Airpark Drive

STATE
CA

ZIP CODE
93455

AREA CODE/PHONE
805-346-8407

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti

MAILING ADDRESS

CITY
2151 S College Drive, Suite 101

STATE
CA

ZIP CODE
93455

AREA CODE/PHONE
805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

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Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

Cover Page - Part 2

Page <u>2</u> of <u>4</u>	CALIFORNIA FORM 460
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Bell

6. Primarily Formed Ballot Measure Committee

Campaign Disclosure Statement

Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Batino for City Council

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2008</u>	CALIFORNIA FORM 460
through <u>12/31/2008</u>	SUMMARY PAGE
Page <u>3</u> of <u>4</u>	I.D. NUMBER <u>1227669</u>

Contributions Received

Column A
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions

2. Loans Received Schedule A, Line 3 \$ 0.00 \$ 0.00

3. **SUBTOTAL CASH CONTRIBUTIONS** Schedule B, Line 3 \$ 0.00 \$ 0.00

4. Nonmonetary Contributions Add Lines 1 + 2 \$ 0.00 \$ 0.00

5. **TOTAL CONTRIBUTIONS RECEIVED** Schedule C, Line 3 \$ 0.00 \$ 0.00

Expenditures Made

6. Payments Made

7. Loans Made Schedule E, Line 4 \$ 137.50 \$ 208.50

8. **SUBTOTAL CASH PAYMENTS** Schedule H, Line 3 \$ 0.00 \$ 0.00

9. Accrued Expenses (Unpaid Bills) Add Lines 6 + 7 \$ 137.50 \$ 208.50

10. Nonmonetary Adjustment Schedule F, Line 3 \$ 0.00 \$ 0.00

11. **TOTAL EXPENDITURES MADE** Schedule C, Line 3 \$ 0.00 \$ 0.00

Current Cash Statement

12. Beginning Cash Balance

13. Cash Receipts Previous Summary Page, Line 16 \$ 2,820.80

14. Miscellaneous Increases to Cash Column A, Line 3 above \$ 0.00

15. Cash Payments Schedule I, Line 4 \$ 0.00

16. **ENDING CASH BALANCE** Column A, Line 8 above \$ 137.50

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 2,683.30

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0.00

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	1/1 through 6/30 7/1 to Date
20. Contributions Received \$ _____	\$ _____
21. Expenditures Made \$ _____	\$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy) Total to Date
_____ \$ _____

To calculate Column B, add
amounts in Column A to the
corresponding amounts
from Column B of your last
report. Some amounts in
Column A may be negative
figures that should be
subtracted from previous
period amounts. If this is
the first report being filed
for this calendar year, only
carry over the amounts
from Lines 2, 7, and 9 (if
any).

*Amounts in this section may be different from amounts
reported in Column B.

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Alice Patino for City Council

Statement covers period		CALIFORNIA FORM	SCHEDULE E
from	07/01/2008	through	12/31/2008
		Page	4 of 4
		I.D. NUMBER	1227669

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

C&P	campaign paraphernalia/mis.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	PRT	print ads
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			

	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA, Inc	PRO			79.50
2151 S College Drive, Suite 101 Santa Maria, CA 93455				
Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria, CA 93455	PRO			58.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

SUBTOTAL \$
137.50

TOTAL \$
137.50